

Expedited Partner Therapy Fact Sheet for Medical Providers



In Arizona, the rates of sexually transmitted diseases (STD) are steadily increasing. Treatment is critically important to controlling these diseases, especially among adolescents, young adults, and certain racial groups where rates remain high.

In April of 2008, Senate Bill 1078 was passed which amends ARS 32-1401.27 and 32-1854 to allow allopathic, naturopathic, and osteopathic physicians, or physician assistants to dispense or prescribe antimicrobial medications to contacts of patients with communicable diseases without an intervening health assessment of the partner. The application of this statute, for STDs such as gonorrhea and chlamydia, is referred to as expedited partner therapy (EPT). The law became effective September 26, 2008. EPT is now being utilized in all but 11 states. Registered nurse practitioners in Arizona are also allowed to provide EPT as determined by the Arizona Board of Nursing.

The standard mechanism used to assure treatment of the partners of persons with chlamydia or gonorrhea infection is patient referral, but this method has had only modest success. EPT should be considered when standard patient referral is unlikely to result in proper treatment. The common way EPT is implemented is patient-delivered partner therapy (PDPT).

Data has been collected from studies comparing the efficacy of EPT to standard partner therapy. Some of the findings are summarized below:

- EPT is a useful option to facilitate partner referral among heterosexual men and women with chlamydia or gonorrhea, and to prevent re-infection of patients with chlamydia or gonorrhea.
- Men who have sex with men have a higher rate of STDs than heterosexual men and women because of higher rates of partner change and anonymous partnerships.
- EPT may be considered for pregnant partners. However, current studies did not include analyses for this group. (Most pregnant women already have access to healthcare and are motivated to protect the health of the fetus, factors that are likely to reduce the role of EPT.) All pregnant women should be referred for comprehensive prenatal care that includes syphilis and HIV testing in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT is at least equivalent in efficacy to standard partner management for gonorrhea and chlamydia.
- EPT is a cost-saving and cost-effective partner management strategy.
- EPT should be accompanied by fact sheets that advise the recipients to seek personal health care in addition to the medication. These fact sheets in English and Spanish are available at <http://www.azdhs.gov/phs/oids/std/index.htm>

Current recommendations for EPT focus on the treatment of chlamydia and gonorrhea.

- Partners of persons with chlamydia should receive or be prescribed 1 gm azithromycin (four 250 mg tabs) to be taken as one dose.
- Partners of persons with gonorrhea should receive or be prescribed 400 mg cefixime to be taken as one dose **plus** 1 gm azithromycin (four 250 mg tabs) to be taken as one dose..
- Costs of medications used for partner treatment cannot be charged to your patient's insurance. The cost of medication must be paid by the partner or your patient.

Points to discuss with patients:

- Patients and partners should not engage in sexual activity for 7 days.
- Patients and partners should be referred for STD retesting in 3 months.
- Discuss possible allergic reactions to antibiotics
- Encourage patients to have partners seen by medical provider for STD testing and treatment.
- Encourage patients to visit the CDC website for more information on STDs (www.cdc.gov/std)

For more information and frequently asked questions on EPT visit:

The CDC website on Expedited Partner Therapy: <http://www.cdc.gov/std/Treatment/EPTFinalReport2006.pdf>

The Arizona Department of Health Services STD website: <http://www.azdhs.gov/phs/oids/std/index.htm>

Or contact:

Melanie Taylor, M.D., M.P.H.

Medical Epidemiologist

Arizona Department of Health Services, STD Control Program

(602) 372-2544 or Fax: (602) 506-6916, mdt7@cdc.gov

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